

FACSIMILE COVER SHEET

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May 27, 2004

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GROUP: 1636

FAX NUMBER: 1-703-872-9306

ATTORNEY DOCKET NO.: ISPH-0767

SERIAL NO.: 10/647,918

FILED: August 26, 2003

NUMBER OF PAGES: 9
(including this sheet)

**MESSAGE: Attached is an Amendment Transmittal Letter (in duplicate)
and Preliminary Amendment.**


URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!


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If you have any questions, or did not receive the proper number of pages, or had trouble during transmission, please call 856-810-1515.

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AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. ISPH-0767		
Applicant(s): Baker et al.					
Serial No. 10/647,918	Filing Date August 26, 2003	Examiner Not yet assigned	Group Art Unit 1636		
Invention: ANTISENSE MODULATION OF TUMOR NECROSIS FACTOR-(alpha) TNF-(alpha) EXPRESSION			RECEIVED CENTRAL FAX CENTER MAY 27 2004 OFFICIAL		
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15 -	23 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <div style="margin-left: 20px;"><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div></div><div style="text-align: right;">Dated: May 27, 2004</div></div> <div style="margin-top: 20px;"><div style="display: flex; justify-content: space-between;"><div> Signature Bridget C. Sciamanna Reg. No. 47,333 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454</div><div style="border: 1px solid black; padding: 5px; width: 40%; text-align: center;"><div style="font-size: small;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div><div style="border-top: 1px solid black; margin-top: 10px; font-size: x-small;">Signature of Person Mailing Correspondence</div><div style="border-top: 1px solid black; margin-top: 10px; font-size: x-small;">Typed or Printed Name of Person Mailing Correspondence</div></div></div><div style="margin-top: 20px;">cc:</div></div>					

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. ISPH-0767
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Invention: ANTISENSE MODULATION OF TUMOR NECROSIS FACTOR-(alpha) TNF-(alpha) EXPRESSION			
<p>I hereby certify that this <u>Preliminary Amendment</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>May 27, 2004</u> (Date)</p> <p><u>Bridget C. Sciamanna</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u>Bridget C. Sciamanna</u> (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			